

Child Support Savings Incentive Program Application

Use this application to apply for the State of Kansas' Child Savings Incentive (CSSI) Program. See the Program Descriptions for details about the program and your account:

- Complete and mail this form for each beneficiary listed in Step 1.
- To open your account, you must contribute at least \$25. Checks must be made payable to Learning Quest.
- If you have questions about the investments available for your Learning Quest Account, please contact American Century Investments at 1-800-579-2203.
- If you have questions about enrollment, eligibility or your child support balances please call Child Support Services at (913) 826-7471.
- Print clearly, preferably in capital letters and black ink. Mail the forms to the address below. Do not staple.

Return this form to:

Child Support Services, CSSI Program P.O. Box 0497 Topeka, KS 66601-0497

For overnight delivery or registered mail:

Child Support Services, CSSI Program 915 SW Harrison, 8th Floor North Topeka, KS 66612

1. Participant (Beneficiary Information)

Beneficiary's Street Address Apartment/Unit City State ZIP Beneficiary's U.S. Social Security number	applications for each benefi	ciary.	
Beneficiary's Street Address Apartment/Unit City State ZIP Beneficiary's U.S. Social Security number			
City State ZIP Beneficiary's U.S. Social Security number	Beneficiary's first name	Middle Initial	Beneficiary's last name
Beneficiary's U.S. Social Security number	Beneficiary's Street Address		Apartment/Unit
Beneficiary's U.S. Social Security number			
	City	State	ZIP
	Beneficiary's U.S. Social Security	number	
	Beneficiary's Date of Birth		. / 1.

List the beneficiary (child) whose education expenses will be paid from the account. You must use separate

2. Noncustodial Parent Information

List the individu	ual who will be the Interested I	Party of the CSSI ac	count.	
Mr. / Mrs. / Ms.	Noncustodial parent's First Name	e Middle Initial	Last Name	
	rent's U.S. Social Security number			
Noncustodial par	rent's Street Address	Apartment/Unit		
City	State	ZIP		
Email address				
Telephone numbe	er (daytime)	Telephone num	per (evening)	
Child Support Ca				
Before choosin	stment Option ng your investment option belowstments offered.	ow, see the Learning	Quest Handbook for complete in	nformation
comfort with ris	t between the age-based track sk as well as an index track.(Once you select a tr esignated Beneficia	Quest offers three tracks based o ack, your contribution will be inve y. As the beneficiary gets older,	ested in the
	Conservative Tr Moderate Track Aggressive Track	<		

INVESTMENT OPTIONS CONTINUED ON NEXT PAGE

Static Portfolios The static portfolios offer a fixed-allocal money market funds in the portfolios is select below until you choose a new in	set and will not change. The asse	
Very Aggressive Moderate Very Conservative One Choice 2015 Portfolio 100% Equity Balanced Index Money Market	Aggressive Conservative Short-Term One Choice 2025 Portfolio Total Growth Index Total Bond Market Index	
If you do not select an investment Index Age-Based Track.	t option above, your contribut	ions will be invested in the
By signing this application, the under and has read and understood the Chauthorizes enrolling the beneficiary (chauthorizes enrolling the beneficiary (chauthorizes enrolling the beneficiary (chauthorizes enrolling the beneficiary and the beneficiary's social security number and if I was unable to provide that information	nild Savings Incentive Program Des nild) in the Child Savings Incentive I e undersigned further authorizes Cl nd address from my child support c	cription. The undersigned further Program within the Learning Quest hild Support Services to obtain the
Noncustodial Parent's Signature	Date	
	For Official Use Only	
Approved by DCF		
DCF Representative Signature		